



APPLICATION FOR REGISTRATION OF MATERIALS

For Use in Organic Food Production

(A separate application must be submitted for each product. You may copy this form.)

☐ RENEWAL APPLICATION

☐ NEW APPLICATION

Product Information:

Brand Name (as it appears on your product label).

Box 1: Applicant Information:

Company Name		
Contact Name	Title	
Mailing Address		
City	State	Zip Code
Phone	Fax	
Email address	Website Address	

Does the applicant listed in Box 1 have the authority for the Full Disclosure of Ingredients? ☐ Yes ☐ No

If no, please list the entity who has the authority for the Full Disclosure of Ingredients below (all inquiries regarding ingredients will be addressed to this person):

Box 2: Manufacturer Information

Company Name	Contact Name	
Mailing Address		
City	Zip Code	State
Phone	E-Mail address	Website

Is the applicant listed in Box 1 the person that organic producers, processors and handlers should contact regarding availability of the product? ☐ Yes ☐ No

If no, please provide contact information in the space below:

Box 3: Distributor Information

Company Name	Contact Name	
Mailing Address		
City	Zip Code	State
Phone	E-Mail address	Website

Brand Name (as it appears on your product label).

TYPE OF PRODUCT (please check the appropriate description):

☐ Pesticide ☐ Spray Adjuvant ☐ Processing Aid ☐ Post Harvest Material

Is the product registered with WSDA Pesticide Division? ☐ Yes ☐ No *Please contact the WSDA Pesticide Management Division at <http://agr.wa.gov/PestFert/default.htm> or (360) 902-2030 for more information.*

Fees: ☐ Renewal \$200

☐ Late Fee: \$30 if renewal application is postmarked after October 31st

☐ New product registration - \$300

☐ Fertilizer ☐ Soil Amendment ☐ Crop Production Aid ☐ Livestock Production Aid

Is the product registered with WSDA Fertilizer and Feed Division? ☐ Yes ☐ No *Please contact the WSDA Fertilizer Registration Program at <http://agr.wa.gov/PestFert/default.htm> or (360) 902-2025 for more information.*

Fees: ☐ Renewal \$100

☐ Late Fee: \$30 if renewal application is postmarked after October 31st

☐ New product registration - \$200

FEE TABLE:

Application Fee: _____

Late Fee (if applicable): _____

TOTAL FEE DUE _____

CHECKLIST:

- ☐ LABEL
- ☐ CONFIDENTIAL STATEMENT OF FORMULA
- ☐ FEES
- ☐ ANY SUPPORTING DOCUMENTATION
- ☐ OTHER _____

Full Disclosure of Ingredients

Brand Name (as it appears on your product label).

If this is a renewal application, are there any changes in the product formulation? ☐ Yes ☐ No

If no, you do not need to complete the following section.

ALL NEW APPLICANTS MUST SUBMIT THE FULL DISCLOSURE OF INGREDIENTS WITH EACH APPLICATION

Full Disclosure of Ingredients (Confidential Statement of Formula from EPA may be submitted).

WEIGHT MUST TOTAL 100%

INGREDIENT (Give commonly accepted chemical name, trade name and Chemical Abstract Service [CAS] number)	% BY WEIGHT	SUPPLIER NAME, ADDRESS, PHONE	PURPOSE IN FORMULATION	Office Use Only

Do alternate formulations of this material exist under the brand name listed above? ☐ Yes ☐ No

If yes, submit a copy of each alternate formula and explain under what conditions the alternate formula is used.

Declaration:

I (we) [Print Name(s)] _____ hereby declare under penalty of perjury that the information contained in this application is true and correct.

The person signing the application must be authorized to represent the firm and is responsible for notifying this office of any changes or updates to the Full Disclosure of Ingredients noted above.

Signature: _____

Title: _____ Date: _____

CONFIDENTIALITY: The above information is confidential and will not be disclosed.
[Chapter 19.108 RCW The Uniform Trade Secrets Act.]

Send Application and Fees to:
Washington State Dept of Agriculture
Organic Food Program
PO Box 42560
Olympia WA 98504-2560

Checks Returned by the bank will be charged a handling fee of \$25.00
(Chapter 62A.3.51(a) and 62A.3.520 RCW)